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FORM PTO-1083

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Case Docket No. 57974-5004  
AUG 22 2002 Date: August 15, 2002

TECH CENTER 1600/2900

In re Application of:  
Serial No.:  
Filed:  
For:

Tor MCPARTLAND  
09/706,158  
November 3, 2000

ANT SPRAY CONTAINING D-LIMONENE AND METHODS OF MAKING AND USING SAME

Box Fee Amendment  
Assistant Commissioner for Patents  
Washington, D.C. 20231

CERTIFICATE OF MAILING  
I hereby certify that this correspondence is being deposited with  
the United States Postal Service with sufficient postage as first  
class mail in an envelope addressed to: Box Fee Amendment,  
Assistant Commissioner for Patents, Washington, D.C. 20231,  
on August 15, 2002 by Michelle Daugherty

Dear Sir:

Transmitted herewith is (1) an Amendment in the above-identified application; (2) a Petition for Extension of Time (three-month); and (3) an Information Disclosure Statement and 5 references.

- ☒ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ No additional fee is required.
- ☐ An additional fee of \$\_\_\_\_\_ is enclosed to cover the extra claims fee.
- ☒ An additional fee of \$460.00 (small entity) is required for filing a Petition for an additional three-month Extension of Time under 37 C.F.R. 1.136 to

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ADDIT. RATE	ENTITY FEE	OR	OTHER THAN A SMALL ENTITY ADDIT. RATE	FEE
TOTAL	26	26	0	x 9	\$	OR	x 18	\$ 0.00
INDEP. CLAIMS	5	5	0	x 42	\$	OR	x 84	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			0	140	\$	OR	280	\$
			TOTAL		\$	OR	TOTAL	\$ 0.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The fee has been calculated as shown below:

- ☐ Please charge Account No. 10-0440 the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ Check in the amount of \$\_\_\_\_\_ to cover the additional claims fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0440. A duplicate copy of this sheet is enclosed.
  - Any required filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
  - Any patent application processing fees under Rule 1.136.

Respectfully submitted,

*Kathy Moribi*  
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